



Substance Abuse and Mental Health Services Administration DISASTER TECHNICAL ASSISTANCE CENTER

RESOURCE LIST

Research Related to 9/11

Prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC), ESI, under contract with the Emergency Mental Health and Traumatic Stress Services Branch, Center for Mental Health Services, SAMHSA.

Peer-Reviewed Journal Articles

Argenti, P. (2002). Crisis communication. Lessons from 9/11. *Harvard Business Review*. 80(12):103-9, 134.

Through interviews with top business executives, the author summarizes key internal communication strategies to advise upper management during a crisis.

Butler, L.D., Seagraves, D.A., Desjardins, J.C., Azarow, J., Hastings, A., Garlan, R.W., DiMiceli, S., Winzelberg, A., and Spiegel, D. (2002). Acute stress reactions: can biological responses predict posttraumatic stress disorder?" *CNS Spectrums*. 7(8):597-603.

This study focuses on the planning, development, and execution of a national Internet-based research initiative to evaluate how Americans coped after September 11. Rather than focus on the findings, the article includes the problems and solutions of implementing a large-scale Internet study.

Campbell, D.J. (2002). 9/11: A healthcare provider's response. *Frontiers of Health Services Management*. 19(1):3-13.

The article describes Saint Vincent Catholic Medical Centers' response to September 11. The author concentrates on problem-solving and learning from mistakes.

Cassels, A. (2002). In wake of 9/11, drug-patent rules change. *Canadian Medical Association Journal*. 166(3):366.

A brief article discussing patent protection, HIV drug laws, national drug stockpiles, and bioterrorism preparedness.

Conover, S., Stein, Z., Susser, E., and Susser, M. (2002). New York besieged: 11 September and after. *Journal of Epidemiology in Community Health*. 56(1):2-3.

This article describes the experience of a husband-wife team of epidemiologists living and working in New York City on September 11, 2001.

Peer-Reviewed Journal Articles (continued)

Cozza, S.J., Huleatt, W.J., and James, L.C. (2002). Walter Reed Army Medical Center's mental health response to the Pentagon attack. *Military Medicine*. 167(9 Suppl):12-6.

Following the September 11 attack on the Pentagon, Walter Reed Army Medical Center provided complex mental health services in cooperation with civilian medical, mental health, and relief agencies. The article describes how services were provided to family members of victims, the roles and functions of the mental health team members, and lessons learned from the mission for future deployments.

Darden, M.L. (2002). Wake of September 11th attacks: Implications for research, policy and practice. *Journal of the National Medical Association*. 94(2):A24, A27-9.

The author provides an overview of the National Consortium for African American Children Meeting on November 6, 2001 on Bioterrorism and Children. The post 9/11 heightened emotional atmosphere fostered collaborative preparedness planning among leaders in child advocacy, health, mental health, insurance, economics, law enforcement, and media technology, and evolved into an unprecedented model for future coalition building.

Davis, S. (2002). Impact of 9/11 on the AIDS community. *Journal of the Association of Nurses in AIDS Care*. 13(5):37-8.

A nurse practitioner reflects on changes in the HIV community following the September 11 terrorist attacks, such as less funding for research and prevention, overburdened staff, and a backseat position in advocacy to homeland security.

Dionne, L. (2002). After the fall. 9/11's effects on New York's EMS personnel extend far beyond symptoms of post-traumatic stress. It's been a recovery derailed by lacking support systems & quashed by the absence of local & national recognition for EMS efforts & losses. *Journal of Emergency Medical Services*. 27(9):36-8, 40-57.

This article advocates focusing September 11 anniversary attention to the study of the problems, stressors, and bureaucratic difficulties experienced by the emergency medical services personnel who were the first responders. The importance of debriefings, crisis intervention services, and long-term support are discussed, and personal vignettes are included.

Dodgen, D., LaDue, L.R., and Kaul, R.E. (2002). Coordinating a local response to a national tragedy: Community mental health in Washington, D.C., after the Pentagon attack. *Military Medicine*. 167(9 Suppl):87-9.

Post September 11 community mental health in the Washington, D.C., area led to the creation of the Mental Health Community Response Coalition, which offers opportunities for networking among non profit, private, government, and military relief organizations, as well as provides a model for other metropolitan communities.

Peer-Reviewed Journal Articles (continued)

Felton, C.J. (2002). Project Liberty: A public health response to New Yorkers' mental health needs arising from the World Trade Center terrorist attacks. *Journal of Urban Health*. 79(3):429-33.

Project Liberty, the large-scale public health intervention program in New York City following September 11, sought to lessen traumatic stress, and received funding from the federal, state, and local levels.

Franklin, C.L., Young, D., and Simmerman, M. (2002). Psychiatric patients' vulnerability in the wake of the September 11th terrorist attacks. *Journal of Nervous and Mental Disease*. 190(12):833-8.

This study assessed the impact of national terrorist attacks on psychiatric patients living two hundred miles away. Compared to a medical control group, psychiatric patients had significantly higher levels of posttraumatic stress disorder symptoms.

Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., Bucuvalas, M.J., Morgan, M.D., and Gold, J. (2002). Psychological sequelae of the September 11 attacks in New York City. *New England Journal of Medicine*. 346:982-7.

This study employed random-digit dialing of adults living near the World Trade Center attacks to assess the prevalence of posttraumatic stress disorder (PTSD) and depression in the population. Primary predictors and measures of severity are exposure to the attacks and loss of a loved one.

Galea, S., Vlahov, D., and Resnick, H. (2002). An investigation of the psychological effects of the September 11, 2001, attacks on New York City: Developing and implementing research in the acute post-disaster period. *CNS Spectrums*. 7(8):585-96.

The Center for Urban Epidemiologic Studies at the New York Academy of Medicine developed and implemented a model system to assess the mental health of New Yorkers. The city used the results to obtain Federal Emergency Management Agency funding for mental health programs.

Gallagher, D. (2002). Out of sight, out of mind: The impact of 9/11 on HIV-positive persons. *Journal of the Association of Nurses in AIDS Care*. 13(5):32-6.

The author reveals the stress and trauma of coping with September 11 for persons living with HIV and their families during the first few months following the attacks.

Grossman, R., and Yehuda, R. (2002). Treating survivors of the World Trade Center terrorist attacks. *CNS Spectrums*. 7(8):611-15.

This paper is a collection of vignettes illustrating the types of calls the Mount Sinai World Trade Center Traumatic Stress Treatment Program received, and of crisis counselors' experiences in dealing with patients.

Peer-Reviewed Journal Articles (continued)

Herman, R., Kaplan, M., and LeMelle, S. (2002). Psychoeducational debriefings after the September 11 disaster. *Psychiatric Services*. 53(4):479.

Following 9/11, the New York State Psychiatric Institute facilitated 12 psychoeducational debriefings and participants were anonymously surveyed. Ninety-one percent of participants found the session informative, 82 percent found it helpful, and 68 percent would recommend the debriefings to others. On the contrary, 10 percent did not find it helpful, and three percent found the session harmful.

Hirsch, C.S., and Shaler, R. (2002). 9/11 through the eyes of a medical examiner. *Journal of Investigative Medicine*. 50(1):1-3.

This article is an interview with two medical examiners regarding their experiences on September 11. The two authors assess how New York City handled organizing laboratories, and detail the DNA-based kinship identification method.

Hoge, C.W., Orman, D.T., Robichaux, R.J., Crandell, E.O., Patterson, V.J., Engel, C.C., Ritchie, E.C., and Milliken, C.S. (2002). Operation Solace: Overview of the mental health intervention following the September 11, 2001 Pentagon attack. *Military Medicine*. 167(9 Suppl):44-7.

The Army created a proactive behavioral health response to the Pentagon attack to minimize the short and long-term effects of mass casualty disasters. This article includes the goals, methods, and principles behind the plan.

Hoven, C.W., Duarte, C.S., and Mandell, D.J. (2003). Children's mental health after disasters: The impact of the World Trade Center attack. *Current Psychiatry Reports*. 5(2):101-7.

This literature review focuses on studies published in journals from 1999-2002 regarding posttraumatic stress reactions in children after natural and manmade disasters. The best research is post September 11, and the authors predict a boom in disaster research.

Jack, K., and Glied, S. (2002). The public costs of mental health response: Lessons from the New York City post-9/11 needs assessment. *Journal of Urban Health*. 79(3): 332-9.

The article addresses the increasing rates of psychiatric disorders in New York City following September 11 and the need for public health to respond accordingly.

Klagsbrun, S.C. (2002). A mental health perspective on 9/11. *Journal of the Association of Nurses in AIDS Care*. 13(5):65-7.

The author provides a psychiatrist's perspective on September 11 in New York City, drawing parallels with his experiences escaping from Nazi Germany in World War II.

Peer-Reviewed Journal Articles (continued)

Klitzman, S. and Freudenberg, N. (2003). Implications of the World Trade Center attack for the public health and health care infrastructures. *American Journal of Public Health*. 93(3):400-6.

The authors assess the strengths and weaknesses of New York City's response to public health, occupational health, and mental health demands following September 11. The lessons learned can be applied to the improvement of social services in urban environments.

Larkin, M. (2002). Mixed response to 9/11 anniversary among New York City's first responders. *Lancet*. 360(9335):730.

This editorial contrasts the deep resentment and low morale felt among firefighters and emergency medical services professionals with the upbeat, disaster preparedness attitude of public health organizations since September 11.

Poster, E.C. (2002). Helping children respond to 9/11. *Journal of Child and Adolescent Psychiatric Nursing*. 15(2):43-7.

This is a collection of letters to the editor about how psychiatric nurses have helped their communities and schools cope with September 11.

Rose, C.S., and Ress, B. (2002) HIV transmission risk behaviors among HIV-positive individuals: Stress and coping in the aftermath of 9/11. *Journal of the Association of Nurses in AIDS Care*. 13(5):25-31.

The article discusses a nursing approach to help HIV patients cope with stress resulting from the September 11 attacks.

Schietinger, H. (2002). The impact of 9/11 on HIV policy and politics. *Journal of the Association of Nurses in AIDS Care*. 13(5):39-44.

Although September 11 has shifted funding away from HIV prevention and research, AIDS advocates realize the broad focus of bioterrorism defense and surveillance will ultimately upgrade and improve the public health systems.

Schlenger, W.E., Caddell, J.M., Ebert, L., Jordan, B.K., Rourke, K.M., Wilson, D., Thalji, L., Dennis, J.M., Fairbank, J.A., and Kulka, R.A. (2002). Psychological reactions to terrorist attacks: Findings from the National Study of Americans' Reactions to September 11. *Journal of the American Medical Association*. 288(5):581-8.

This national study surveyed the level of psychological symptoms in the United States after September 11. Findings indicate that posttraumatic stress disorder was significantly higher in the New York metropolitan area, and overall distress levels nationwide were within normal ranges.

Schonfeld, D.J. (2002). Almost one year later: Looking back and looking ahead. *Journal of Developmental and Behavioral Pediatrics*. 23(4):292-4.

This article summarizes the reflections on the one-year anniversary of September 11 and advances in research and treatment of posttraumatic stress disorder symptoms in children in disasters. The author encourages the further development of the developmental-behavioral pediatric field.

Peer-Reviewed Journal Articles (continued)

Schuster, M.A., Stein, B.D., Jaycox, L.H., Collins, R.L., Marshall, G.N., Elliot, M.N., Zhou, A.J., Kanouse, D.E., Morrison, J.L., and Berry, S.H. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine*. 345(20):1507-12.

This study found that people who are not present at a traumatic event may experience stress reactions through their exposure to television media. Using random digit dialing three to five days following September 11, this national survey reported that 44 percent of adults had one or more substantial stress symptoms, and that 47 percent of children worried about their own safety.

Stuber, J., Fairbrother, G., Galea, S., Pfefferbaum, B., Wilson-Genderson, M., and Vlahov, D. (2002). Determinants of counseling for children in Manhattan after the September 11 attacks. *Psychiatric Services*. 53(7):815-22.

A study of children living in Manhattan during the September 11 attacks, who received counseling, revealed that their parents' level of posttraumatic stress determined the extent of the children's counseling. A discussion of school-based counseling is included.

Swick, S.D., Jellinek, M.S., Dechant, E., and Belluck, J. (2002). Children of victims of September 11th: A perspective on the emotional and developmental challenges they face and how to help meet them. *Journal of Developmental and Behavioral Pediatrics*. 23(5):378-84.

This literature review is written for the surviving parents and guardians of bereaved children of September 11. It details different government services offered, research regarding depression, developmental considerations for infants, children, and adolescents, and risk and protective factors that may affect the child's grieving process.

Ungvarski, P.J. (2002). 9/11: Redefining the word "normal" in Manhattan. *Journal of the Association of Nurses in AIDS Care*. 13(5):21-4.

This article gives a visiting nurse's perspective on the events of September 11, and how the Visiting Nurse Service of New York Home Care coped with the disaster, as well as with the anthrax scare and American Airlines flight 587.

Vlahov, D., Galea, S., Resnick, H., Ahern, J., Boscarino, J., Bucuvalas, M., Gold, D., and Kilpatrick, D. (2002). Increased use of cigarettes, alcohol, and marijuana among Manhattan, New York, residents after the September 11th terrorist attacks. *American Journal of Epidemiology*. 155(11):988-1006.

Following the September 11 attacks in Manhattan, results of a random-dial telephone survey suggest a substantial increase in cigarette smoking, alcohol consumption, and marijuana use in the five to eight weeks following the disaster. Depression was more common among those who increased substance abuse, suggesting that comorbid psychiatric conditions may increase substance use.

Peer-Reviewed Journal Articles (continued)

Weiss, L., Fabri, A., McCoy, K., Coffin, P. Netherland, J., and Finklestein, R. (2002). A vulnerable population in a time of crisis: Drug users and the attacks on the World Trade Center. *Journal of Urban Health*. 79(3):392-403.

This study assesses current and former heroin and cocaine users' habits to monitor their drug use after September 11. Reductions in drug use were as common as increases, and the study discusses how a wide variety of factors may play a role in changing rates of drug usage.

SAMHSA and Other Publications

SAMHSA's National Mental Health Information Center

Center for Mental Health Services

Impact of September 11, 2001 Events on Substance Use and Mental Health in the New York Area.

Centers for Disease Control and Prevention

Morbidity and Mortality Weekly Report

Rapid Assessment of Injuries Among Survivors of the Terrorist Attack on the World Trade Center. New York City, September 2001.

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